

**4<sup>th</sup> DISTRICT IBEW HEALTH FUND**

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**IMPORTANT NOTICE ABOUT CHANGES TO THE PLAN**

June 1, 2011

**Flexible Choice Plan**

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This Notice explains important changes that are being made to the 4<sup>th</sup> District IBEW Health Plan. The changes to the Plan described in this Notice are effective for claims incurred, based on date of service, on and after June 1, 2011. You are urged to carefully review this Notice and address any questions to the Benefit Office or the Board of Trustees. This Notice should be kept with your records of Plan activities.

Effective June 1, 2011 the Prescription Drug Benefit is amended to:

- a. Change the copay amount for formulary brand-name mail order prescription drugs to 20%, with a minimum of \$40 and a maximum of \$200, and
- b. Change the copay amount for non-formulary brand-name mail order prescription drugs to 30%, with a minimum of \$60 and a maximum of \$200.

There is no change in the copay schedule for retail prescription drugs (obtained from the pharmacy) or the \$15 copay amount for generic drugs obtained through the mail order program.

After careful consideration and review of the Plan's current and projected financial status for the next few years, the Trustees adopted these changes. The Trustees have always been and remain committed to protecting the financial stability of the Plan, and deemed it prudent to make these modifications now.